

NB: KINDLY SUBMIT THIS FORM FULLY COMPLETED TOGETHER WITH 3 REPAIR/REPLACEMENT ESTIMATES, COPY OF DRIVERS LICENCE (BOTH SIDES) AND A POLICE REPORT.

CBZ Insurance Company (Private) Limited

5th Floor, North Wing, Beverly Court, 100 Nelson Mandela Harare
P O Box 3313

Phone: +263 -4- 799234/38 – 42
Fax: +263 -4- 735417
Email: cbzinsurance@cbz.co.zw



THEFT OF MOTOR VEHICLE/ACCESSORIES REPORT

INSURED	Name:	Policy No:		
	Home Address:	Tel No.:		
	Business Address:	Tel No.:		
VEHICLE DETAILS	Make	Serial No.:	Reg. No.:	Year Of Manufacture:.....
	Driver's Name:	Driver's Age:	Vehicle mileage:	
	Who authorized use of the Car?:			
	Relationship to Insured:			
	Hire Purchase Yes/No:	Finance Company:	Amount Outstanding:	
DETAILS OF LOSS	Date Of Loss..... 20..... Time:			
	Where did Loss occur? :			
	When were the items last seen & by whom:			
	How did loss Occur (Please give full details) :			
			
			
			
			
			
			
WITNESS/ES	Whenever possible please obtain names and addresses of witness/es			
	Name/s	Address/es		
		
		
		

NB: Please provide details of stolen or damaged items Overleaf

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT STATE:

Bank Name: **Branch:**.....**Acc Name:**..... **Acc. No.**

I declare all information herein to be true and correct to the best of my knowledge and belief.

Name In Full: Designation:

Signature:

Date:

